

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED  
 Aug 26 1998 8:00am  
 Secretary of State

15471365

<b>NONPROFIT CORPORATION ANNUAL REPORT 1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 758829 (6)**  
 1. Corporation Name  
**MOUNT OLIVE AFRICAN METHODIST EPISCOPAL CHURCH, OF GAINESVILLE, FLORIDA, INC.**



Principal Place of Business <b>721 S.E. 8TH STREET GAINESVILLE FL 32601</b>	Mailing Address <b>721 S.E. 8TH STREET GAINESVILLE FL 32601</b>
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3. Date Incorporated or Qualified <b>06/18/1981</b>	
4. FEI Number <b>NOT APPLICABLE</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

**9. Name and Address of Current Registered Agent**

**SIMMONS, OLIVER  
721 S.E. 8TH STREET  
GAINESVILLE FL 32601**

**10. Name and Address of New Registered Agent**

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

11. Pursuant to the provisions of sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PD</b>	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>SIMMONS, OLIVER</b>		1.2 NAME	
STREET ADDRESS <b>721 S.E. 8TH STREET</b>		1.3 STREET ADDRESS	
CITY-ST-ZIP <b>GAINESVILLE FL</b>		1.4 CITY-ST-ZIP	
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>TUCKER, CAROLYN M</b>		2.2 NAME	
STREET ADDRESS <b>5210 N.W. 24TH PLACE</b>		2.3 STREET ADDRESS	
CITY-ST-ZIP <b>GAINESVILLE FL 32606</b>		2.4 CITY-ST-ZIP	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>MINGO, GWENUEL W</b>		3.2 NAME	
STREET ADDRESS <b>721 S.E. 8TH STREET</b>		3.3 STREET ADDRESS	
CITY-ST-ZIP <b>GAINESVILLE FL</b>		3.4 CITY-ST-ZIP	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>STOVER, OTIS D</b>		4.2 NAME	
STREET ADDRESS <b>1808 S.E. 28TH PLACE</b>		4.3 STREET ADDRESS	
CITY-ST-ZIP <b>GAINESVILLE FL 32601</b>		4.4 CITY-ST-ZIP	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>JONES, ORIAN V</b>		5.2 NAME	
STREET ADDRESS <b>5834 N.E. 39TH BLVD.</b>		5.3 STREET ADDRESS	
CITY-ST-ZIP <b>GAINESVILLE FL 32609</b>		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13. If changed, on an attachment with an address.

SIGNATURE: Oliver Simmons **Oliver Simmons** 8/3/98 850 906 9914  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/98)